

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-029209 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL ID.	3					
TOTAL DEP.	28	↔	↔	↔		
TOTAL CLAIMS	31	████████	████████	████████	████████	████████

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TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS	31	████████	████████	████████	████████	████████